

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11347

Registration District No. 47

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1028 Empire
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT
FULL NAMEHarold Samuel Hubbard

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
 divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased Nov 18, 1939
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 21 hr. min.

9. Birthplace Joplin Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Julius H. Hubbard
 13. Birthplace Joplin Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Atkinson
 15. Birthplace Joplin Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Julius Hubbard
 (b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 3-13-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director John H. Diller
 (b) Address Joplin, Mo.

19. (a) 3-14-40 (b) Ed Diller
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1028 Empire
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 11th
 year 1940 hour 12:15 minute 0 P. M.

21. I hereby certify that I attended the deceased from 3/11/40
 to 3/11/40, 19____, to 3/11/40, 19____;
 that I last saw him alive on 3/11/40 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Probably Croup
Lead in tube seen apparently
 Due to ill only 3 hours

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) _____
 (e) Means of injury _____
 23. Signature P. C. Kirk M.D. (M. D. or other) _____
 Address 331 W. 1st St. Joplin, Mo. Date signed 3/14/40

RECEIVED

District Health Officer No. 6,

File Number 440-1040

Date Filed APR 10 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Don Fetrick

Licensed Embalmer No. 4018

P. O. Address Josephine Mrs.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.